



Your essential illustrated coding guide  
for vascular surgery, including CPT®,  
HCPCS Level II, tips, CPT® to ICD-10-CM  
Cross References, NCCI edits, and  
RVU information

CODERS' SPECIALTY GUIDE

# Vascular Surgery



# 2026

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# General Surgical Procedures

## +10004

Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

### Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

### Coding Tips

For FNA of an initial lesion using imaging guidance, see 10005 (ultrasound), 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10006, +10008, +10010 and +10012 for each additional lesion respectively.

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$42.05, Non Facility Fee: \$51.75

**RVU (Facility):** Work RVU 0.80, Practice Exp. RVU 0.37, Malpractice RVU 0.13, Total RVU 1.30

**RVU (Non-Facility):** Work RVU 0.80, Practice Exp. RVU 0.67, Malpractice RVU 0.13, Total RVU 1.60

**MPFS Payment Policy Indicators:** Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 3

### Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

### NCCI Alerts (version 31.0)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10012<sup>1</sup>, 10035<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

### ICD-10-CM Cross References

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99,

C84.9A, C84.A0, C84.A1, C84.A5, C84.A9, C84.AA, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C84.ZA, C85.10, C85.11, C85.15, C85.19, C85.1A, C85.20, C85.21, C85.25, C85.29, C85.2A, C85.80, C85.81, C85.85, C85.89, C85.8A, C85.90, C85.91, C85.95, C85.99, C85.9A, C86.00, C86.01, C86.40, C86.41, C88.80, C88.81, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, I97.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

## 10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

### Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

### Coding Tips

Report +10006 for each additional lesion in addition to the primary code 10005.

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

If different imaging guidance modalities are used for separate lesions, add modifier 59, Distinct procedural service, to the appropriate primary code.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$70.19, Non Facility Fee: \$129.06

**RVU (Facility):** Work RVU 1.46, Practice Exp. RVU 0.55, Malpractice RVU 0.16, Total RVU 2.17

**RVU (Non-Facility):** Work RVU 1.46, Practice Exp. RVU 2.37, Malpractice RVU 0.16, Total RVU 3.99

**MPFS Payment Policy Indicators:** Global Period XXX, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

## Modifier Allowances

51, 52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AG, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10004<sup>1</sup>, 10008<sup>1</sup>, 10010<sup>1</sup>, 10011<sup>1</sup>, 10012<sup>1</sup>, 10021<sup>1</sup>, 10035<sup>1</sup>, 11102<sup>1</sup>, 11103<sup>1</sup>, 11104<sup>1</sup>, 11105<sup>1</sup>, 11106<sup>1</sup>, 11107<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

## ICD-10-CM Cross References

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

## +10006

Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

## Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under ultrasound imaging guidance into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

## Coding Tips

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$47.87, Non Facility Fee: \$58.22

**RVU (Facility):** Work RVU 1.00, Practice Exp. RVU 0.38, Malpractice RVU 0.10, Total RVU 1.48

**RVU (Non-Facility):** Work RVU 1.00, Practice Exp. RVU 0.70, Malpractice RVU 0.10, Total RVU 1.80

**MPFS Payment Policy Indicators:** Global Period ZZZ, Preop 0.00%, Intraop 0.00%, Postop 0.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 3

## Modifier Allowances

52, 53, 58, 59, 73, 74, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

0213T<sup>1</sup>, 0216T<sup>1</sup>, 10004<sup>1</sup>, 10035<sup>1</sup>, 19281<sup>1</sup>, 19283<sup>1</sup>, 19285<sup>1</sup>, 19287<sup>1</sup>, 36000<sup>1</sup>, 36410<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 61650<sup>1</sup>, 62324<sup>1</sup>, 62325<sup>1</sup>, 62326<sup>1</sup>, 62327<sup>1</sup>, 64415<sup>1</sup>, 64416<sup>1</sup>, 64417<sup>1</sup>, 64450<sup>1</sup>, 64454<sup>1</sup>, 64486<sup>1</sup>, 64487<sup>1</sup>, 64488<sup>1</sup>, 64489<sup>1</sup>, 64490<sup>1</sup>, 64493<sup>1</sup>, 76000<sup>1</sup>, 76380<sup>1</sup>, 76942<sup>1</sup>, 76998<sup>1</sup>, 77001<sup>1</sup>, 77002<sup>1</sup>, 77012<sup>1</sup>, 77021<sup>1</sup>, 96360<sup>1</sup>, 96365<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>

## ICD-10-CM Cross References

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

## 10007

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

## Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18- to 25-gauge needle with an attached syringe, under fluoroscopic imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

## Coding Tips

Report +10008 for each additional lesion in addition to the primary code 10007.

For FNA of an initial lesion using other types of imaging guidance, see 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +10010 and +10012 for each additional lesion respectively.



# Cardiovascular System

## 33320

Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision, such as a sternotomy or thoracotomy to access the area of the aorta or other great vessels requiring repair. He may clamp the vessel and use sutures to repair the injury that results from a penetrating chest wound. The provider then closes the wound, and may leave a chest or drainage tube in place. Finally, he applies a sterile dressing.

### Coding Tips

You may see documentation of aortorrhaphy, which is suture of the aorta.

Report 33321, Suture repair of aorta or great vessels; with shunt bypass, when the provider uses sutures to repair the great vessels of the heart and uses a shunt bypass to perform this procedure.

Report 33322, Suture repair of aorta or great vessels; with cardiopulmonary bypass, when the provider uses sutures to repair the great vessels of the heart and he places the patient on cardiopulmonary bypass to perform this procedure.

### Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$1,027.00, Non Facility Fee: \$1,027.00

**RVU (Facility):** Work RVU 18.54, Practice Exp. RVU 8.69, Malpractice RVU 4.52, Total RVU 31.75

**RVU (Non-Facility):** Work RVU 18.54, Practice Exp. RVU 8.69, Malpractice RVU 4.52, Total RVU 31.75

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

### Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

### NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 32100<sup>1</sup>, 32551<sup>1</sup>, 32556<sup>1</sup>, 32557<sup>1</sup>, 33140<sup>0</sup>, 33141<sup>1</sup>, 33210<sup>0</sup>, 33211<sup>0</sup>, 33267<sup>0</sup>, 33310<sup>1</sup>, 33315<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 39000<sup>1</sup>, 39010<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>,

62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92960<sup>1</sup>, 92961<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>0</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

### ICD-10-CM Cross References

I97.410-I97.418, I97.42, I97.51, I97.52, I97.610-I97.618, I97.620-I97.622, I97.630-I97.638, I97.641, J95.61, J95.62, J95.71, J95.72, J95.830, J95.831, Q25.21, Q25.29, Q25.40-Q25.42, Q25.44, Q25.45, Q25.46, Q25.47, Q25.49, S25.401S, S25.402S, S25.409S, S25.411D, S25.412S, S25.419S, S25.421S, S25.422S, S25.429S, S25.491S, S25.492S, S25.499S, S27.898D, S27.898S, S27.899D, S27.899S, S27.9XXD, T85.612D, T85.612S

## 33321

Suture repair of aorta or great vessels; with shunt bypass

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision, such as a sternotomy or thoracotomy to access the area of the aorta or other great vessels requiring repair. Next, he inserts a shunt to bypass the portion of the aorta being worked on. He may clamp the vessel and use sutures to repair the injury that results from a penetrating chest wound. He then removes the shunt before closing the incision site. Then the provider closes the wound, and may leave a chest or drainage tube in place. Finally, he applies a sterile dressing.

### Coding Tips

You may see documentation of aortorrhaphy, which is suture of the aorta.

Report 33320, Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass, when the provider uses sutures to repair the great vessels of the heart and a shunt or cardiopulmonary bypass is not necessary to perform this procedure.

Report 33322, Suture repair of aorta or great vessels; with cardiopulmonary bypass, when the provider uses sutures to repair the great vessels of the heart and he places the patient on cardiopulmonary bypass to perform this procedure.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$1,137.30, Non Facility Fee: \$1,137.30

**RVU (Facility):** Work RVU 20.81, Practice Exp. RVU 9.60, Malpractice RVU 4.75, Total RVU 35.16

**RVU (Non-Facility):** Work RVU 20.81, Practice Exp. RVU 9.60, Malpractice RVU 4.75, Total RVU 35.16

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

## Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 32100<sup>1</sup>, 32551<sup>1</sup>, 32556<sup>1</sup>, 32557<sup>1</sup>, 33140<sup>0</sup>, 33141<sup>1</sup>, 33210<sup>0</sup>, 33211<sup>0</sup>, 33267<sup>0</sup>, 33310<sup>1</sup>, 33315<sup>1</sup>, 33320<sup>1</sup>, 33330<sup>1</sup>, 35226<sup>1</sup>, 36000<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 39000<sup>1</sup>, 39010<sup>1</sup>, 43752<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 92960<sup>1</sup>, 92961<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>0</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

## ICD-10-CM Cross References

I97.410-I97.418, I97.42, I97.51, I97.52, I97.610-I97.618, I97.620-I97.622, I97.630-I97.638, I97.641, J95.61, J95.62, J95.71, J95.72, J95.830, J95.831, Q25.21, Q25.29, Q25.40-Q25.42, Q25.44, Q25.45, Q25.46, Q25.47, Q25.49, S25.401S, S25.402S, S25.409S, S25.411D, S25.412S, S25.419S, S25.421S, S25.422S, S25.429S, S25.491S, S25.492S, S25.499S, S27.898D, S27.898S, S27.899D, S27.899S, S27.9XXD, T85.612D, T85.612S

## 33322

Suture repair of aorta or great vessels; with cardiopulmonary bypass

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision, such as a sternotomy or thoracotomy to access the area of the aorta or other great vessels requiring repair. Next, he uses cardiopulmonary bypass to create a still operative field. He may clamp the vessel and use sutures to repair the injury that results from a penetrating chest wound. He then weans the patient off bypass, closing incisions made to establish the bypass but leaving areas for blood and fluid to drain. He then closes the wound, and may leave a chest or drainage tube in place. Finally, he applies a sterile dressing.

## Coding Tips

You may see documentation of aortorrhaphy, which is suture of the aorta.

Report 33320, Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass, when the provider uses sutures to repair the great vessels of the heart and a shunt or cardiopulmonary bypass is not necessary to perform this procedure.

Report 33321, Suture repair of aorta or great vessels; with shunt bypass, when the provider uses sutures to repair the great vessels of the heart and uses a shunt bypass to perform this procedure.

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$1,329.44, Non Facility Fee: \$1,329.44

**RVU (Facility):** Work RVU 24.42, Practice Exp. RVU 10.84, Malpractice RVU 5.84, Total RVU 41.10

**RVU (Non-Facility):** Work RVU 24.42, Practice Exp. RVU 10.84, Malpractice RVU 5.84, Total RVU 41.10

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

## Modifier Allowances

22, 47, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0632T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 32100<sup>1</sup>, 32551<sup>1</sup>, 32556<sup>1</sup>, 32557<sup>1</sup>, 33140<sup>0</sup>, 33141<sup>1</sup>, 33210<sup>0</sup>, 33211<sup>0</sup>, 33254<sup>0</sup>, 33255<sup>0</sup>, 33256<sup>0</sup>, 33267<sup>0</sup>, 33310<sup>1</sup>, 33315<sup>1</sup>, 33320<sup>1</sup>, 35226<sup>1</sup>, 35820<sup>1</sup>, 36000<sup>1</sup>, 36010<sup>1</sup>, 36011<sup>1</sup>, 36012<sup>1</sup>, 36013<sup>1</sup>, 36014<sup>1</sup>, 36140<sup>1</sup>, 36160<sup>1</sup>, 36200<sup>1</sup>, 36215<sup>1</sup>, 36216<sup>1</sup>, 36217<sup>1</sup>, 36245<sup>1</sup>, 36246<sup>1</sup>, 36247<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>,

**35560**

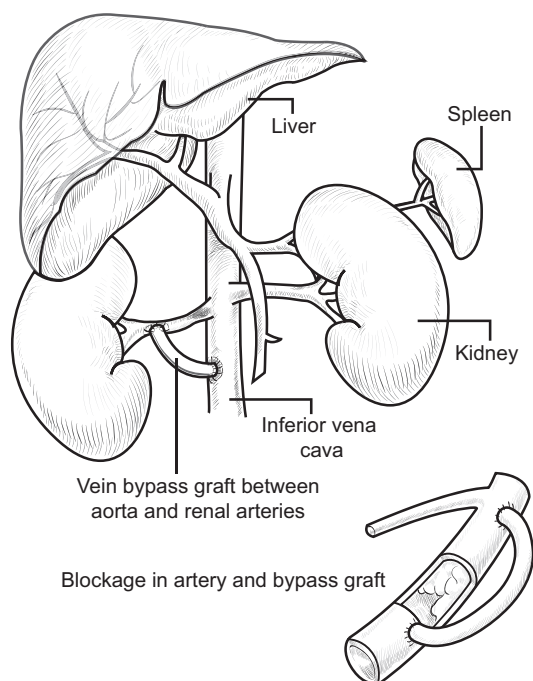
Bypass graft, with vein; aortorenal

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the abdomen to access the aorta and the renal artery. He creates a pathway between the target anastomosis sites. He may harvest a graft from elsewhere in the body. He applies clamps to the aorta. He creates an opening and attaches one end of the graft to that artery. He applies clamps to the renal. He creates an opening and attaches the other end of the graft to that artery. He then removes the clamps to return normal blood flow and closes the skin incision in layers after ensuring hemostasis.

**Coding Tips**

This code represents a unilateral service. Use modifier 50 or RT/LT, depending on payer preference, when services involve a bilateral procedure.

**Illustration**

35560

**Fee Schedule Information**

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$1,617.97, Non Facility Fee: \$1,617.97

**RVU (Facility):** Work RVU 34.03, Practice Exp. RVU 7.61, Malpractice RVU 8.38, Total RVU 50.02

**RVU (Non-Facility):** Work RVU 34.03, Practice Exp. RVU 7.61, Malpractice RVU 8.38, Total RVU 50.02

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

Modifier: 0 = not allowed, 1 = allowed

**Modifier Allowances**

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

**NCCI Alerts (version 31.0)**

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 34151<sup>1</sup>, 34715<sup>1</sup>, 34716<sup>1</sup>, 34820<sup>1</sup>, 34833<sup>1</sup>, 34834<sup>1</sup>, 35221<sup>1</sup>, 35251<sup>1</sup>, 35281<sup>1</sup>, 35531<sup>1</sup>, 35702<sup>1</sup>, 35703<sup>1</sup>, 36000<sup>1</sup>, 36002<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 49000<sup>0</sup>, 49002<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>, 62324<sup>0</sup>, 62325<sup>0</sup>, 62326<sup>0</sup>, 62327<sup>0</sup>, 64400<sup>0</sup>, 64405<sup>0</sup>, 64408<sup>0</sup>, 64415<sup>0</sup>, 64416<sup>0</sup>, 64417<sup>0</sup>, 64418<sup>0</sup>, 64420<sup>0</sup>, 64421<sup>0</sup>, 64425<sup>0</sup>, 64430<sup>0</sup>, 64435<sup>0</sup>, 64445<sup>0</sup>, 64446<sup>0</sup>, 64447<sup>0</sup>, 64448<sup>0</sup>, 64449<sup>0</sup>, 64450<sup>0</sup>, 64451<sup>0</sup>, 64454<sup>0</sup>, 64461<sup>0</sup>, 64462<sup>0</sup>, 64463<sup>0</sup>, 64479<sup>0</sup>, 64480<sup>0</sup>, 64483<sup>0</sup>, 64484<sup>0</sup>, 64486<sup>0</sup>, 64487<sup>0</sup>, 64488<sup>0</sup>, 64489<sup>0</sup>, 64490<sup>0</sup>, 64491<sup>0</sup>, 64492<sup>0</sup>, 64493<sup>0</sup>, 64494<sup>0</sup>, 64495<sup>0</sup>, 64505<sup>0</sup>, 64510<sup>0</sup>, 64517<sup>0</sup>, 64520<sup>0</sup>, 64530<sup>0</sup>, 69990<sup>0</sup>, 76881<sup>1</sup>, 76882<sup>1</sup>, 76998<sup>1</sup>, 92012<sup>1</sup>, 92014<sup>1</sup>, 93000<sup>1</sup>, 93005<sup>1</sup>, 93010<sup>1</sup>, 93040<sup>1</sup>, 93041<sup>1</sup>, 93042<sup>1</sup>, 93318<sup>1</sup>, 93355<sup>1</sup>, 93970<sup>1</sup>, 93985<sup>1</sup>, 93986<sup>1</sup>, 94002<sup>1</sup>, 94200<sup>1</sup>, 94680<sup>1</sup>, 94681<sup>1</sup>, 94690<sup>1</sup>, 95812<sup>1</sup>, 95813<sup>1</sup>, 95816<sup>1</sup>, 95819<sup>1</sup>, 95822<sup>1</sup>, 95829<sup>1</sup>, 95955<sup>1</sup>, 96360<sup>1</sup>, 96361<sup>1</sup>, 96365<sup>1</sup>, 96366<sup>1</sup>, 96367<sup>1</sup>, 96368<sup>1</sup>, 96372<sup>1</sup>, 96374<sup>1</sup>, 96375<sup>1</sup>, 96376<sup>1</sup>, 96377<sup>1</sup>, 96523<sup>0</sup>, 99155<sup>0</sup>, 99156<sup>0</sup>, 99157<sup>0</sup>, 99211<sup>1</sup>, 99212<sup>1</sup>, 99213<sup>1</sup>, 99214<sup>1</sup>, 99215<sup>1</sup>, 99221<sup>1</sup>, 99222<sup>1</sup>, 99223<sup>1</sup>, 99231<sup>1</sup>, 99232<sup>1</sup>, 99233<sup>1</sup>, 99234<sup>1</sup>, 99235<sup>1</sup>, 99236<sup>1</sup>, 99238<sup>1</sup>, 99239<sup>1</sup>, 99242<sup>1</sup>, 99243<sup>1</sup>, 99244<sup>1</sup>, 99245<sup>1</sup>, 99252<sup>1</sup>, 99253<sup>1</sup>, 99254<sup>1</sup>, 99255<sup>1</sup>, 99291<sup>1</sup>, 99292<sup>1</sup>, 99304<sup>1</sup>, 99305<sup>1</sup>, 99306<sup>1</sup>, 99307<sup>1</sup>, 99308<sup>1</sup>, 99309<sup>1</sup>, 99310<sup>1</sup>, 99315<sup>1</sup>, 99316<sup>1</sup>, 99347<sup>1</sup>, 99348<sup>1</sup>, 99349<sup>1</sup>, 99350<sup>1</sup>, 99374<sup>1</sup>, 99375<sup>1</sup>, 99377<sup>1</sup>, 99378<sup>1</sup>, 99446<sup>0</sup>, 99447<sup>0</sup>, 99448<sup>0</sup>, 99449<sup>0</sup>, 99451<sup>0</sup>, 99452<sup>0</sup>, 99495<sup>0</sup>, 99496<sup>0</sup>, G0463<sup>1</sup>, G0471<sup>1</sup>

**ICD-10-CM Cross References**

I15.0, I70.0, I70.1, I71.02, I71.9, I72.2, I75.81, I77.1, I77.5, I77.73, I79.0, I97.51, I97.52, M31.8, M31.9, N17.9, N28.0, S35.00XA, S35.403A, S35.406A, T81.711A, T82.390A, T82.593A, T82.595A, T82.598A, T88.8XXA

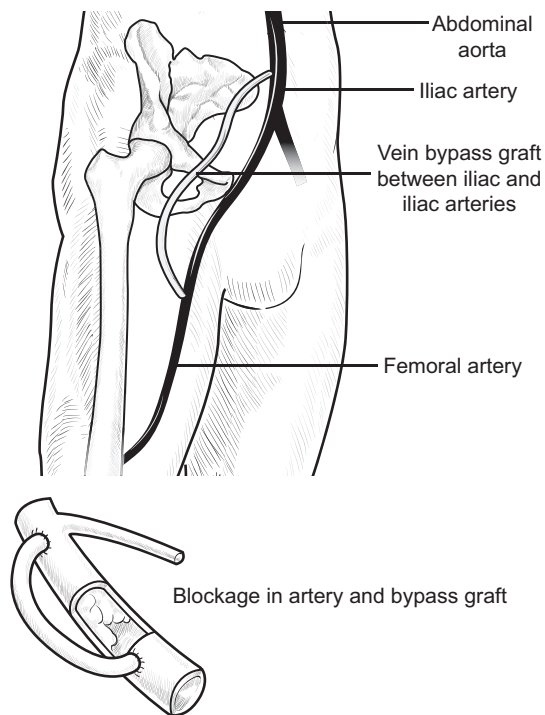
**35563**

Bypass graft, with vein; ilioiliac

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider makes an abdominal incision to access the iliacs. He may harvest a graft from elsewhere in the body. He applies clamps to the iliac arteries. He creates an opening and attaches one end of the graft to one iliac. He passes the conduit over to the other iliac, clamps vessels as needed, creates an opening, and attaches the other end of the graft to that artery. He then removes the clamps to return normal blood flow and closes the skin incision in layers after ensuring hemostasis.

## Illustration



35563

## Fee Schedule Information

**Medicare Fees (National):** Conversion Factor \$32.3465, Facility Fee: \$1,258.28, Non Facility Fee: \$1,258.28

**RVU (Facility):** Work RVU 26.12, Practice Exp. RVU 6.34, Malpractice RVU 6.44, Total RVU 38.90

**RVU (Non-Facility):** Work RVU 26.12, Practice Exp. RVU 6.34, Malpractice RVU 6.44, Total RVU 38.90

**MPFS Payment Policy Indicators:** Global Period 090, Preop 9.00%, Intraop 84.00%, Postop 7.00%, MPFS Status Indicator: A, PC/TC Indicator: 0, Endoscopic Base Code: None

**Practitioner MUE:** 1

## Modifier Allowances

22, 47, 50, 51, 52, 53, 54, 55, 56, 58, 59, 62, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

## NCCI Alerts (version 31.0)

0213T<sup>0</sup>, 0216T<sup>0</sup>, 0596T<sup>1</sup>, 0597T<sup>1</sup>, 0708T<sup>1</sup>, 0709T<sup>1</sup>, 12001<sup>1</sup>, 12002<sup>1</sup>, 12004<sup>1</sup>, 12005<sup>1</sup>, 12006<sup>1</sup>, 12007<sup>1</sup>, 12011<sup>1</sup>, 12013<sup>1</sup>, 12014<sup>1</sup>, 12015<sup>1</sup>, 12016<sup>1</sup>, 12017<sup>1</sup>, 12018<sup>1</sup>, 12020<sup>1</sup>, 12021<sup>1</sup>, 12031<sup>1</sup>, 12032<sup>1</sup>, 12034<sup>1</sup>, 12035<sup>1</sup>, 12036<sup>1</sup>, 12037<sup>1</sup>, 12041<sup>1</sup>, 12042<sup>1</sup>, 12044<sup>1</sup>, 12045<sup>1</sup>, 12046<sup>1</sup>, 12047<sup>1</sup>, 12051<sup>1</sup>, 12052<sup>1</sup>, 12053<sup>1</sup>, 12054<sup>1</sup>, 12055<sup>1</sup>, 12056<sup>1</sup>, 12057<sup>1</sup>, 13100<sup>1</sup>, 13101<sup>1</sup>, 13102<sup>1</sup>, 13120<sup>1</sup>, 13121<sup>1</sup>, 13122<sup>1</sup>, 13131<sup>1</sup>, 13132<sup>1</sup>, 13133<sup>1</sup>, 13151<sup>1</sup>, 13152<sup>1</sup>, 13153<sup>1</sup>, 34715<sup>1</sup>, 34716<sup>1</sup>, 34820<sup>1</sup>, 34833<sup>1</sup>, 34834<sup>1</sup>, 35501<sup>1</sup>, 35506<sup>1</sup>, 35508<sup>1</sup>, 35509<sup>1</sup>, 35511<sup>1</sup>, 35515<sup>1</sup>, 35516<sup>1</sup>, 35518<sup>1</sup>, 35521<sup>1</sup>, 35526<sup>1</sup>, 35531<sup>1</sup>, 35533<sup>1</sup>, 35536<sup>1</sup>, 35556<sup>1</sup>, 35560<sup>1</sup>, 35566<sup>1</sup>, 35571<sup>1</sup>, 35583<sup>1</sup>, 35585<sup>1</sup>, 35587<sup>1</sup>, 35663<sup>1</sup>, 35702<sup>1</sup>, 35703<sup>1</sup>, 36000<sup>1</sup>, 36002<sup>1</sup>, 36400<sup>1</sup>, 36405<sup>1</sup>, 36406<sup>1</sup>, 36410<sup>1</sup>, 36420<sup>1</sup>, 36425<sup>1</sup>, 36430<sup>1</sup>, 36440<sup>1</sup>, 36591<sup>0</sup>, 36592<sup>0</sup>, 36600<sup>1</sup>, 36640<sup>1</sup>, 43752<sup>1</sup>, 49000<sup>1</sup>, 49002<sup>1</sup>, 51701<sup>1</sup>, 51702<sup>1</sup>, 51703<sup>1</sup>, 62320<sup>0</sup>, 62321<sup>0</sup>, 62322<sup>0</sup>, 62323<sup>0</sup>,

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## ICD-10-CM Cross References

I72.3, I73.9, I74.5, I77.1, I77.5, I77.72, M31.8, M31.9, S35.513A, T82.390A, T82.392A, T82.593A, T82.595A, T82.598A, T82.818A, T82.828A, T82.838A, T82.848A, T82.856A, T82.858A, T82.868A, T82.898A, T82.9XXA

## 35565

Bypass graft, with vein; iliofemoral

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an abdominal incision to access the iliac artery and makes an incision in the groin to access the femoral artery. He creates a pathway between the target anastomosis sites. He may harvest a graft from elsewhere in the body. He applies clamps to the iliac artery. He creates an opening and attaches one end of the graft to the iliac. He passes the conduit through the tunnel to the femoral, clamps vessels as needed, creates an opening, and attaches the other end of the graft to that artery. He then removes the clamps to return normal blood flow and closes the skin incision in layers after ensuring hemostasis.



# HCPCS Level II Codes

## Outpatient PPS

### C7513

Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium of the heart. The provider locates a narrowing or obstruction in the central dialysis segment. The provider inserts a balloon via a catheter into the narrowed area and expands the balloon, which opens the lumen (interior diameter) of the vessel. The provider withdraws the catheter and balloon after confirming that the vessel is now open. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

### BETOS

**P6C:** Minor procedures - other (Medicare fee schedule)

### C7514

Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium of the heart. The provider locates a narrowing or obstruction in the central dialysis segment. The provider inserts a balloon via a catheter into the narrowed area and expands the balloon, which opens the lumen (interior diameter) of the vessel. This code includes all angioplasty in the central dialysis segment. The provider places one or more stents to keep the vessel open. The provider withdraws the instruments after confirming that the vessel is now open. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

### BETOS

**P6C:** Minor procedures - other (Medicare fee schedule)

### C7515

Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium

of the heart. The provider performs permanent endovascular embolization or occlusion of the main circuit or accessory veins, such as by using a catheter to insert a device (such as a coil) or material into the vessel(s) to block blood flow or by tying off the vessel(s). The provider withdraws the instruments after confirming embolization or occlusion is complete. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

## BETOS

**P6C:** Minor procedures - other (Medicare fee schedule)

### C7530

Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses imaging guidance to introduce one or more needles and/or catheters through the skin to access a surgically created connection between an artery and a vein (anastomosis) that serves as the dialysis access point. The provider injects contrast material (a special dye used in radiology imaging) to use angiography to visualize the circulation throughout the arterial and venous components of the entire dialysis circuit, including the superior or inferior vena cava. The superior vena cava carries blood from the upper parts of the body, the inferior vena cava carries blood from the lower parts of the body, and both empty into the right atrium of the heart. The provider locates a narrowing or obstruction in the peripheral dialysis segment. The provider inserts a balloon via a catheter into the narrowed area and expands the balloon, which opens the lumen (interior diameter) of the vessel. This code includes all angioplasty in the central dialysis segment. The provider also uses a catheter to place one or more stents in the central dialysis segment to keep the vessel open. The provider withdraws the instruments after confirming that the vessel is now open. The provider puts pressure over the access point to control bleeding and completes the procedure. This code includes all required imaging, radiological supervision and interpretation, image documentation, and report.

## BETOS

**P6C:** Minor procedures - other (Medicare fee schedule)

### C7531

Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision or inserts a specialized needle through the skin to access the vascular system. The provider introduces a guidewire through the opening. The provider advances a catheter fitted with an ultrasound probe to visualize the target area. Intravascular ultrasound (IVUS) involves a special catheter that takes computerized ultrasound images from within the blood vessels. The provider navigates a balloon catheter to the occluded (blocked) area of the femoral or popliteal artery. The femoral artery is the main artery in the groin and thigh that provides oxygenated blood to the tissues of the leg. The popliteal artery is a continuation of the femoral artery and supplies the knee area and lower leg. The provider confirms the catheter's position and then inflates the balloon at the site of the occlusion, increasing the diameter of the inside of the vessel. The provider may treat a femoral artery, popliteal artery, or both, on the same side. Finally, the provider withdraws the instruments and completes the procedure. This code includes radiological supervision and interpretation.

## BETOS

**P2F:** Major procedure, cardiovascular-Other

### C7532

Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision for an open approach or accesses the vascular system with a small incision or specialized needle for a percutaneous approach. The provider places a guide wire and advances a catheter fitted with an ultrasound probe to visualize the target area. Intravascular ultrasound (IVUS) involves a special catheter that takes computerized ultrasound images from within the blood vessels. The provider also may inject a contrast dye into the vessel and observe the blood flow on a monitor to determine the areas that need to be angioplastied. The target vessel is not a lower extremity artery being treated for occlusive disease and is not intracranial, coronary, pulmonary, or part of the dialysis circuit. The provider advances a catheter with a balloon at its tip to the area of blockage and inflates the balloon to open the lumen (interior) of the vessel. The provider deflates the balloon.



**C8936**

Magnetic resonance angiography without contrast followed by with contrast, upper extremity

**Clinical Responsibility**

Magnetic resonance angiography, or MRA, is an imaging technique using magnetic resonance imaging, or MRI, to visualize blood flow in arterial vessels and to detect aneurysms, blood clots, and other vascular, or blood vessel, irregularities. It produces two dimensional, 2D, or three dimensional, 3D, images of a patient's blood vessels. A provider can perform this service without the use of contrast; however the use of contrast makes blood vessels more clearly visible.

During the procedure, the provider first has the patient lie flat on a table. The scanning table slides the patient's whole body into a large tunnel shaped magnetic scanner so that patient's upper extremity is inside. The chamber exposes the patient to magnetic fields and pulses of radio waves. The provider captures the radiofrequency signals generated by the body and the computer attached to the machine produces 2D or 3D images that display the vascular structure of the extremity. Next, the provider injects a contrast agent into a blood vessel of the patient's arm and then again performs the magnetic resonance exam. He then reviews the images, does his analysis, and interprets the results. Finally, the provider prepares a written report of his findings.

**Coding Tips**

The Healthcare Common Procedure Coding System, or HCPCS Level II, codes that begin with a C are used by Outpatient Prospective Payment System, or OPPOS hospitals to report new technology procedures, drugs, biologicals, radiopharmaceuticals, magnetic resonance angiography, and devices to Medicare.

Hospitals subject to OPPOS must often report HCPCS Level II codes in place of CPT® codes for certain services. A patient that is not Medicare may use 73225, Magnetic resonance angiography, upper extremity, with or without contrast materials to report this service. Check with your individual payer for their reporting requirements.

When the provider performs an upper extremity magnetic resonance angiography with use of a contrast agent, use C8934, Magnetic resonance angiography with contrast, upper extremity.

When the provider performs an upper extremity magnetic resonance angiography without use of a contrast agent, use C8935, Magnetic resonance angiography without contrast, upper extremity.

**BETOS**

**I2D:** Advanced imaging - MRI/MRA: other

**C9759**

Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed

**Clinical Responsibility**

When the patient is prepped and anesthetized for a procedure, the provider navigates a microinfusion device, such as one tipped with a balloon-sheathed microneedle, through the patient's vasculature to the vessel target site. In a typical procedure, the balloon is inflated, sliding the needle of the microinfusion device through the vessel wall or to the target area. The provider injects a therapeutic agent into the lumen, vascular wall, or perivascular (around the vessel) area, possibly to reduce inflammation or treat a lesion. The provider may perform this procedure under radiological supervision and provide an interpretation. The provider removes all instruments.

**BETOS**

**P2F:** Major procedure, cardiovascular-Other

**C9764**

Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed

**Clinical Responsibility**

When the patient is appropriately prepped and anesthetized, the provider uses an open or percutaneous approach to treat an area of vessel occlusion. In an open approach, the provider performs an incision to access the vascular system. In a percutaneous approach, the provider inserts a needle through the skin to access the vascular system. He then introduces a guidewire through the opening and uses this guidewire to introduce the catheter and navigate to the target site. Next he performs intravascular lithotripsy, a therapy that fractures a calcified lesion, increasing the luminal diameter. The device typically uses sonic waves introduced through a balloon-based catheter to break superficial and deep calcium deposits. He may then inflate the balloon at the site of the occlusion, expanding the lumen of the narrowed artery. He may repeat the lithotripsy with or without angioplasty in additional vessels.

Finally, he withdraws the catheter system through the site of access and stops bleeding by the application of a compression bandage over the puncture location, when the provider uses a percutaneous approach, or repairs the vertical incision, such as by suturing the soft tissue in layers, in an open procedure.

**Coding Tips**

Use C9765 when the provider restores the blood supply in any vessel with intravascular lithotripsy and transluminal stent placement(s).

Use C9766 when the provider restores the blood supply in any vessel with intravascular lithotripsy and atherectomy.

Use C9767 when the provider restores the blood supply in any vessel with intravascular lithotripsy, transluminal stent placement(s), and atherectomy.

**BETOS**

**P2F:** Major procedure, cardiovascular-Other

## C9765

Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses an open or percutaneous approach to treat an area of vessel occlusion. In an open approach, the provider performs an incision to access the vascular system. In a percutaneous approach, the provider inserts a needle through the skin to access the vascular system. She then introduces a guidewire through the opening and uses this guidewire to introduce the catheter and navigate to the target site. Next she performs intravascular lithotripsy, a therapy that fractures a calcified lesion, increasing the luminal diameter. The device typically uses sonic waves introduced through a balloon-based catheter to break superficial and deep calcium deposits. She may then inflate the balloon at the site of the occlusion, expanding the lumen of the narrowed artery. She places a transluminal stent, opening and expanding the stent to keep the vessel open and maintain blood flow. She may repeat the lithotripsy with stent placement, possibly with angioplasty, in additional vessels.

Finally, she withdraws the catheter system through the site of access and stops bleeding by the application of a compression bandage over the puncture location, when the provider uses a percutaneous approach, or repairs the vertical incision, such as by suturing the soft tissue in layers, in an open procedure.

### Coding Tips

Use C9764 when the provider restores the blood supply in any vessel with intravascular lithotripsy.

Use C9766 when the provider restores the blood supply in any vessel with intravascular lithotripsy and atherectomy.

Use C9767 when the provider restores the blood supply in any vessel with intravascular lithotripsy, transluminal stent placement(s), and atherectomy.

### BETOS

**P2F:** Major procedure, cardiovascular-Other

## C9766

Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses an open or percutaneous approach to treat an area of vessel occlusion. In an open approach, the provider performs an incision to access the vascular system. In a percutaneous approach, the provider inserts a needle through the skin to access the vascular system. He then introduces a guidewire through

the opening and uses this guidewire to introduce the catheter and navigate to the target site. Next he performs intravascular lithotripsy, a therapy that fractures a calcified lesion, increasing the luminal diameter. The device typically uses sonic waves introduced through a balloon-based catheter to break superficial and deep calcium deposits. He may then inflate the balloon at the site of the occlusion, expanding the lumen of the narrowed artery. He performs atherectomy, using a sharp blade on the end of the catheter to remove plaques from vessels within the body. He may repeat the lithotripsy with atherectomy, possibly with angioplasty, in additional vessels.

Finally, he withdraws the catheter system through the site of access and stops bleeding by the application of a compression bandage over the puncture location, when the provider uses a percutaneous approach, or repairs the vertical incision, such as by suturing the soft tissue in layers, in an open procedure.

### Coding Tips

Use C9764 when the provider restores the blood supply in any vessel with intravascular lithotripsy.

Use C9765 when the provider restores the blood supply in any vessel with intravascular lithotripsy and transluminal stent placement(s).

Use C9767 when the provider restores the blood supply in any vessel with intravascular lithotripsy, transluminal stent placement(s), and atherectomy.

### BETOS

**P2F:** Major procedure, cardiovascular-Other

## C9767

Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed

### Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider uses an open or percutaneous approach to treat an area of vessel occlusion. In an open approach, the provider performs an incision to access the vascular system. In a percutaneous approach, the provider inserts a needle through the skin to access the vascular system. She then introduces a guidewire through the opening and uses this guidewire to introduce the catheter and navigate to the target site. Next she performs intravascular lithotripsy, a therapy that fractures a calcified lesion, increasing the luminal diameter. The device typically uses sonic waves introduced through a balloon-based catheter to break superficial and deep calcium deposits. She may then inflate the balloon at the site of the occlusion, expanding the lumen of the narrowed artery. She performs atherectomy, using a sharp blade on the end of the catheter to remove plaques from vessels within the body. She places a transluminal stent, opening and expanding the stent to keep the vessel open and maintain blood flow. She may repeat the lithotripsy with stent placement and atherectomy, possibly with angioplasty, in additional vessels.

# ICD-10-CM Cross Reference Details

<b>A01.09</b>	Typhoid fever with other complications	<b>B17.8</b>	Other specified acute viral hepatitis
<b>A02.1</b>	Salmonella sepsis	<b>B18.8</b>	Other chronic viral hepatitis
<b>A18.11</b>	Tuberculosis of kidney and ureter	<b>B18.9</b>	Chronic viral hepatitis, unspecified
<b>A18.84</b>	Tuberculosis of heart	<b>B19.20</b>	Unspecified viral hepatitis C without hepatic coma
<b>A22.7</b>	Anthrax sepsis	<b>B19.21</b>	Unspecified viral hepatitis C with hepatic coma
<b>A26.7</b>	Erysipelothrix sepsis	<b>B20</b>	Human immunodeficiency virus [HIV] disease
<b>A31.0</b>	Pulmonary mycobacterial infection	<b>B26.89</b>	Other mumps complications
<b>A32.7</b>	Listerial sepsis	<b>B26.9</b>	Mumps without complication
<b>A36.0</b>	Pharyngeal diphtheria	<b>B27.00</b>	Gammaherpesviral mononucleosis without complication
<b>A36.1</b>	Nasopharyngeal diphtheria	<b>B27.09</b>	Gammaherpesviral mononucleosis with other complications
<b>A36.2</b>	Laryngeal diphtheria	<b>B27.10</b>	Cytomegaloviral mononucleosis without complications
<b>A36.81</b>	Diphtheritic cardiomyopathy	<b>B27.19</b>	Cytomegaloviral mononucleosis with other complication
<b>A36.84</b>	Diphtheritic tubulo-interstitial nephropathy	<b>B27.80</b>	Other infectious mononucleosis without complication
<b>A36.89</b>	Other diphtheritic complications	<b>B27.89</b>	Other infectious mononucleosis with other complication
<b>A38.8</b>	Scarlet fever with other complications	<b>B27.90</b>	Infectious mononucleosis, unspecified without complication
<b>A40.0</b>	Sepsis due to streptococcus, group A	<b>B27.99</b>	Infectious mononucleosis, unspecified with other complication
<b>A40.1</b>	Sepsis due to streptococcus, group B	<b>B33.20</b>	Viral carditis, unspecified
<b>A40.3</b>	Sepsis due to Streptococcus pneumoniae	<b>B33.21</b>	Viral endocarditis
<b>A40.8</b>	Other streptococcal sepsis	<b>B33.22</b>	Viral myocarditis
<b>A40.9</b>	Streptococcal sepsis, unspecified	<b>B33.23</b>	Viral pericarditis
<b>A41.01</b>	Sepsis due to Methicillin susceptible Staphylococcus aureus	<b>B33.24</b>	Viral cardiomyopathy
<b>A41.02</b>	Sepsis due to Methicillin resistant Staphylococcus aureus	<b>B33.4</b>	Hantavirus (cardio)-pulmonary syndrome [HPS] [HCPS]
<b>A41.1</b>	Sepsis due to other specified staphylococcus	<b>B34.2</b>	Coronavirus infection, unspecified
<b>A41.2</b>	Sepsis due to unspecified staphylococcus	<b>B37.6</b>	Candidal endocarditis
<b>A41.3</b>	Sepsis due to Hemophilus influenzae	<b>B37.7</b>	Candidal sepsis
<b>A41.4</b>	Sepsis due to anaerobes	<b>B39.4</b>	Histoplasmosis capsulati, unspecified
<b>A41.50</b>	Gram-negative sepsis, unspecified	<b>B39.5</b>	Histoplasmosis duboisii
<b>A41.51</b>	Sepsis due to Escherichia coli [E. coli]	<b>B50.0</b>	Plasmodium falciparum malaria with cerebral complications
<b>A41.52</b>	Sepsis due to Pseudomonas	<b>B51.8</b>	Plasmodium vivax malaria with other complications
<b>A41.53</b>	Sepsis due to Serratia	<b>B51.9</b>	Plasmodium vivax malaria without complication
<b>A41.59</b>	Other Gram-negative sepsis	<b>B52.0</b>	Plasmodium malariae malaria with nephropathy
<b>A41.81</b>	Sepsis due to Enterococcus	<b>B52.8</b>	Plasmodium malariae malaria with other complications
<b>A41.89</b>	Other specified sepsis	<b>B52.9</b>	Plasmodium malariae malaria without complication
<b>A41.9</b>	Sepsis, unspecified organism	<b>B58.81</b>	Toxoplasma myocarditis
<b>A42.7</b>	Actinomycotic sepsis	<b>B77.0</b>	Ascariasis with intestinal complications
<b>A43.0</b>	Pulmonary nocardiosis	<b>B77.89</b>	Ascariasis with other complications
<b>A43.1</b>	Cutaneous nocardiosis	<b>B91</b>	Sequelae of poliomyelitis
<b>A43.8</b>	Other forms of nocardiosis	<b>B95.2</b>	Enterococcus as the cause of diseases classified elsewhere
<b>A43.9</b>	Nocardiosis, unspecified	<b>B96.22</b>	Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC] as the cause of diseases classified elsewhere
<b>A48.3</b>	Toxic shock syndrome	<b>B97.21</b>	SARS-associated coronavirus as the cause of diseases classified elsewhere
<b>A50.54</b>	Late congenital cardiovascular syphilis	<b>B97.29</b>	Other coronavirus as the cause of diseases classified elsewhere
<b>A52.00</b>	Cardiovascular syphilis, unspecified	<b>B97.35</b>	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
<b>A52.01</b>	Syphilitic aneurysm of aorta	<b>B97.4</b>	Respiratory syncytial virus as the cause of diseases classified elsewhere
<b>A52.02</b>	Syphilitic aortitis	<b>C00.3</b>	Malignant neoplasm of upper lip, inner aspect
<b>A52.03</b>	Syphilitic endocarditis	<b>C01</b>	Malignant neoplasm of base of tongue
<b>A52.06</b>	Other syphilitic heart involvement	<b>C02.0</b>	Malignant neoplasm of dorsal surface of tongue
<b>A52.09</b>	Other cardiovascular syphilis	<b>C02.1</b>	Malignant neoplasm of border of tongue
<b>A52.12</b>	Other cerebrospinal syphilis	<b>C02.2</b>	Malignant neoplasm of ventral surface of tongue
<b>A52.15</b>	Late syphilitic neuropathy	<b>C02.3</b>	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
<b>A52.19</b>	Other symptomatic neurosyphilis	<b>C02.4</b>	Malignant neoplasm of lingual tonsil
<b>A52.75</b>	Syphilis of kidney and ureter	<b>C02.8</b>	Malignant neoplasm of overlapping sites of tongue
<b>A54.21</b>	Gonococcal infection of kidney and ureter	<b>C02.9</b>	Malignant neoplasm of tongue, unspecified
<b>A54.83</b>	Gonococcal heart infection	<b>C03.0</b>	Malignant neoplasm of upper gum
<b>A54.86</b>	Gonococcal sepsis	<b>C03.1</b>	Malignant neoplasm of lower gum
<b>A79.82</b>	Anaplasmosis [A. phagocytophilum]	<b>C03.9</b>	Malignant neoplasm of gum, unspecified
<b>A91</b>	Dengue hemorrhagic fever	<b>C04.0</b>	Malignant neoplasm of anterior floor of mouth
<b>A92.39</b>	West Nile virus infection with other complications	<b>C04.1</b>	Malignant neoplasm of lateral floor of mouth
<b>B01.89</b>	Other varicella complications	<b>C04.8</b>	Malignant neoplasm of overlapping sites of floor of mouth
<b>B01.9</b>	Varicella without complication	<b>C04.9</b>	Malignant neoplasm of floor of mouth, unspecified
<b>B02.8</b>	Zoster with other complications	<b>C05.0</b>	Malignant neoplasm of hard palate
<b>B02.9</b>	Zoster without complications	<b>C05.1</b>	Malignant neoplasm of soft palate
<b>B05.4</b>	Measles with intestinal complications	<b>C05.2</b>	Malignant neoplasm of uvula
<b>B05.89</b>	Other measles complications		
<b>B05.9</b>	Measles without complication		
<b>B06.00</b>	Rubella with neurological complication, unspecified		
<b>B06.09</b>	Other neurological complications of rubella		
<b>B06.89</b>	Other rubella complications		
<b>B06.9</b>	Rubella without complication		

<b>C05.9</b>	Malignant neoplasm of palate, unspecified	<b>C25.7</b>	Malignant neoplasm of other parts of pancreas
<b>C06.0</b>	Malignant neoplasm of cheek mucosa	<b>C25.8</b>	Malignant neoplasm of overlapping sites of pancreas
<b>C06.1</b>	Malignant neoplasm of vestibule of mouth	<b>C25.9</b>	Malignant neoplasm of pancreas, unspecified
<b>C06.2</b>	Malignant neoplasm of retromolar area	<b>C26.1</b>	Malignant neoplasm of spleen
<b>C06.89</b>	Malignant neoplasm of overlapping sites of other parts of mouth	<b>C26.9</b>	Malignant neoplasm of ill-defined sites within the digestive system
<b>C06.9</b>	Malignant neoplasm of mouth, unspecified	<b>C30.0</b>	Malignant neoplasm of nasal cavity
<b>C07</b>	Malignant neoplasm of parotid gland	<b>C30.1</b>	Malignant neoplasm of middle ear
<b>C08.0</b>	Malignant neoplasm of submandibular gland	<b>C31.0</b>	Malignant neoplasm of maxillary sinus
<b>C08.1</b>	Malignant neoplasm of sublingual gland	<b>C31.1</b>	Malignant neoplasm of ethmoidal sinus
<b>C08.9</b>	Malignant neoplasm of major salivary gland, unspecified	<b>C31.2</b>	Malignant neoplasm of frontal sinus
<b>C09.0</b>	Malignant neoplasm of tonsillar fossa	<b>C31.3</b>	Malignant neoplasm of sphenoid sinus
<b>C09.1</b>	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	<b>C31.8</b>	Malignant neoplasm of overlapping sites of accessory sinuses
<b>C09.9</b>	Malignant neoplasm of tonsil, unspecified	<b>C31.9</b>	Malignant neoplasm of accessory sinus, unspecified
<b>C10.0</b>	Malignant neoplasm of vallecula	<b>C32.0</b>	Malignant neoplasm of glottis
<b>C10.1</b>	Malignant neoplasm of anterior surface of epiglottis	<b>C32.1</b>	Malignant neoplasm of supraglottis
<b>C10.2</b>	Malignant neoplasm of lateral wall of oropharynx	<b>C32.2</b>	Malignant neoplasm of subglottis
<b>C10.3</b>	Malignant neoplasm of posterior wall of oropharynx	<b>C32.3</b>	Malignant neoplasm of laryngeal cartilage
<b>C10.4</b>	Malignant neoplasm of branchial cleft	<b>C32.8</b>	Malignant neoplasm of overlapping sites of larynx
<b>C10.8</b>	Malignant neoplasm of overlapping sites of oropharynx	<b>C32.9</b>	Malignant neoplasm of larynx, unspecified
<b>C10.9</b>	Malignant neoplasm of oropharynx, unspecified	<b>C33</b>	Malignant neoplasm of trachea
<b>C11.0</b>	Malignant neoplasm of superior wall of nasopharynx	<b>C34.00</b>	Malignant neoplasm of unspecified main bronchus
<b>C11.1</b>	Malignant neoplasm of posterior wall of nasopharynx	<b>C34.01</b>	Malignant neoplasm of right main bronchus
<b>C11.2</b>	Malignant neoplasm of lateral wall of nasopharynx	<b>C34.02</b>	Malignant neoplasm of left main bronchus
<b>C11.3</b>	Malignant neoplasm of anterior wall of nasopharynx	<b>C34.10</b>	Malignant neoplasm of upper lobe, unspecified bronchus or lung
<b>C11.8</b>	Malignant neoplasm of overlapping sites of nasopharynx	<b>C34.11</b>	Malignant neoplasm of upper lobe, right bronchus or lung
<b>C11.9</b>	Malignant neoplasm of nasopharynx, unspecified	<b>C34.12</b>	Malignant neoplasm of upper lobe, left bronchus or lung
<b>C12</b>	Malignant neoplasm of pyriform sinus	<b>C34.2</b>	Malignant neoplasm of middle lobe, bronchus or lung
<b>C13.0</b>	Malignant neoplasm of postcricoid region	<b>C34.30</b>	Malignant neoplasm of lower lobe, unspecified bronchus or lung
<b>C13.1</b>	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	<b>C34.31</b>	Malignant neoplasm of lower lobe, right bronchus or lung
<b>C13.2</b>	Malignant neoplasm of posterior wall of hypopharynx	<b>C34.32</b>	Malignant neoplasm of lower lobe, left bronchus or lung
<b>C13.8</b>	Malignant neoplasm of overlapping sites of hypopharynx	<b>C34.80</b>	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
<b>C13.9</b>	Malignant neoplasm of hypopharynx, unspecified	<b>C34.81</b>	Malignant neoplasm of overlapping sites of right bronchus and lung
<b>C14.0</b>	Malignant neoplasm of pharynx, unspecified	<b>C34.82</b>	Malignant neoplasm of overlapping sites of left bronchus and lung
<b>C14.2</b>	Malignant neoplasm of Waldeyer's ring	<b>C34.90</b>	Malignant neoplasm of unspecified part of unspecified bronchus or lung
<b>C14.8</b>	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	<b>C34.91</b>	Malignant neoplasm of unspecified part of right bronchus or lung
<b>C15.3</b>	Malignant neoplasm of upper third of esophagus	<b>C34.92</b>	Malignant neoplasm of unspecified part of left bronchus or lung
<b>C15.4</b>	Malignant neoplasm of middle third of esophagus	<b>C37</b>	Malignant neoplasm of thymus
<b>C15.5</b>	Malignant neoplasm of lower third of esophagus	<b>C38.0</b>	Malignant neoplasm of heart
<b>C15.8</b>	Malignant neoplasm of overlapping sites of esophagus	<b>C38.1</b>	Malignant neoplasm of anterior mediastinum
<b>C15.9</b>	Malignant neoplasm of esophagus, unspecified	<b>C38.2</b>	Malignant neoplasm of posterior mediastinum
<b>C16.9</b>	Malignant neoplasm of stomach, unspecified	<b>C38.3</b>	Malignant neoplasm of mediastinum, part unspecified
<b>C18.3</b>	Malignant neoplasm of hepatic flexure	<b>C38.4</b>	Malignant neoplasm of pleura
<b>C18.4</b>	Malignant neoplasm of transverse colon	<b>C38.8</b>	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
<b>C18.9</b>	Malignant neoplasm of colon, unspecified	<b>C39.9</b>	Malignant neoplasm of lower respiratory tract, part unspecified
<b>C19</b>	Malignant neoplasm of rectosigmoid junction	<b>C40.00</b>	Malignant neoplasm of scapula and long bones of unspecified upper limb
<b>C20</b>	Malignant neoplasm of rectum	<b>C40.01</b>	Malignant neoplasm of scapula and long bones of right upper limb
<b>C21.0</b>	Malignant neoplasm of anus, unspecified	<b>C40.02</b>	Malignant neoplasm of scapula and long bones of left upper limb
<b>C21.1</b>	Malignant neoplasm of anal canal	<b>C40.10</b>	Malignant neoplasm of short bones of unspecified upper limb
<b>C21.2</b>	Malignant neoplasm of cloacogenic zone	<b>C40.11</b>	Malignant neoplasm of short bones of right upper limb
<b>C21.8</b>	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	<b>C40.12</b>	Malignant neoplasm of short bones of left upper limb
<b>C22.0</b>	Liver cell carcinoma	<b>C40.20</b>	Malignant neoplasm of long bones of unspecified lower limb
<b>C22.1</b>	Intrahepatic bile duct carcinoma	<b>C40.21</b>	Malignant neoplasm of long bones of right lower limb
<b>C22.2</b>	Hepatoblastoma	<b>C40.22</b>	Malignant neoplasm of long bones of left lower limb
<b>C22.3</b>	Angiosarcoma of liver	<b>C40.30</b>	Malignant neoplasm of short bones of unspecified lower limb
<b>C22.4</b>	Other sarcomas of liver	<b>C40.31</b>	Malignant neoplasm of short bones of right lower limb
<b>C22.7</b>	Other specified carcinomas of liver	<b>C40.32</b>	Malignant neoplasm of short bones of left lower limb
<b>C22.8</b>	Malignant neoplasm of liver, primary, unspecified as to type	<b>C41.0</b>	Malignant neoplasm of bones of skull and face
<b>C22.9</b>	Malignant neoplasm of liver, not specified as primary or secondary	<b>C41.1</b>	Malignant neoplasm of mandible
<b>C23</b>	Malignant neoplasm of gallbladder		
<b>C24.0</b>	Malignant neoplasm of extrahepatic bile duct		
<b>C24.1</b>	Malignant neoplasm of ampulla of Vater		
<b>C24.8</b>	Malignant neoplasm of overlapping sites of biliary tract		
<b>C25.0</b>	Malignant neoplasm of head of pancreas		
<b>C25.1</b>	Malignant neoplasm of body of pancreas		
<b>C25.2</b>	Malignant neoplasm of tail of pancreas		
<b>C25.3</b>	Malignant neoplasm of pancreatic duct		
<b>C25.4</b>	Malignant neoplasm of endocrine pancreas		



# Modifier Descriptors

Modifier	Description
CPT® Modifiers	
<b>22</b>	Increased Procedural Services
<b>23</b>	Unusual Anesthesia
<b>24</b>	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
<b>25</b>	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
<b>26</b>	Professional Component
<b>27</b>	Multiple Outpatient Hospital E/M Encounters on the Same Date
<b>32</b>	Mandated Services
<b>33</b>	Preventive Services
<b>47</b>	Anesthesia by Surgeon
<b>50</b>	Bilateral Procedure
<b>51</b>	Multiple Procedures
<b>52</b>	Reduced Services
<b>53</b>	Discontinued Procedure
<b>54</b>	Surgical Care Only
<b>55</b>	Postoperative Management Only
<b>56</b>	Preoperative Management Only
<b>57</b>	Decision for Surgery
<b>58</b>	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
<b>59</b>	Distinct Procedural Service
<b>62</b>	Two Surgeons
<b>63</b>	Procedure Performed on Infants less than 4 kg
<b>66</b>	Surgical Team
<b>73</b>	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
<b>74</b>	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
<b>76</b>	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
<b>77</b>	Repeat Procedure by Another Physician or Other Qualified Health Care Professional

Modifier	Description
<b>78</b>	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
<b>79</b>	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
<b>80</b>	Assistant Surgeon
<b>81</b>	Minimum Assistant Surgeon
<b>82</b>	Assistant Surgeon (when qualified resident surgeon not available)
<b>90</b>	Reference (Outside) Laboratory
<b>91</b>	Repeat Clinical Diagnostic Laboratory Test
<b>92</b>	Alternative Laboratory Platform Testing
<b>93</b>	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
<b>95</b>	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
<b>96</b>	Habilitative Services
<b>97</b>	Rehabilitative Services
<b>99</b>	Multiple Modifiers
CPT® Category II Modifiers	
<b>1P</b>	Performance Measure Exclusion Modifier due to Medical Reasons
<b>2P</b>	Performance Measure Exclusion Modifier due to Patient Reasons
<b>3P</b>	Performance Measure Exclusion Modifier due to System Reasons
<b>8P</b>	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifiers	
<b>A1</b>	Dressing for one wound
<b>A2</b>	Dressing for two wounds
<b>A3</b>	Dressing for three wounds
<b>A4</b>	Dressing for four wounds
<b>A5</b>	Dressing for five wounds
<b>A6</b>	Dressing for six wounds
<b>A7</b>	Dressing for seven wounds
<b>A8</b>	Dressing for eight wounds
<b>A9</b>	Dressing for nine or more wounds
<b>AA</b>	Anesthesia services performed personally by anesthesiologist

Modifier	Description
<b>AB</b>	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
<b>AD</b>	Medical supervision by a physician: more than four concurrent anesthesia procedures
<b>AE</b>	Registered dietitian
<b>AF</b>	Specialty physician
<b>AG</b>	Primary physician
<b>AH</b>	Clinical psychologist
<b>AI</b>	Principal physician of record
<b>AJ</b>	Clinical social worker
<b>AK</b>	Non participating physician
<b>AM</b>	Physician, team member service
<b>AO</b>	Alternate payment method declined by provider of service
<b>AP</b>	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
<b>AQ</b>	Physician providing a service in an unlisted health professional shortage area (HPSA)
<b>AR</b>	Physician provider services in a physician scarcity area
<b>AS</b>	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
<b>AT</b>	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
<b>AU</b>	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
<b>AV</b>	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
<b>AW</b>	Item furnished in conjunction with a surgical dressing
<b>AX</b>	Item furnished in conjunction with dialysis services
<b>AY</b>	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
<b>AZ</b>	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
<b>BA</b>	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
<b>BL</b>	Special acquisition of blood and blood products
<b>BO</b>	Orally administered nutrition, not by feeding tube
<b>BP</b>	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
<b>BR</b>	The beneficiary has been informed of the purchase and rental options and has elected to rent the item

Modifier	Description
<b>BU</b>	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
<b>CA</b>	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
<b>CB</b>	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
<b>CC</b>	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
<b>CD</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
<b>CE</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
<b>CF</b>	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
<b>CG</b>	Policy criteria applied
<b>CH</b>	0 percent impaired, limited or restricted
<b>CI</b>	At least 1 percent but less than 20 percent impaired, limited or restricted
<b>CJ</b>	At least 20 percent but less than 40 percent impaired, limited or restricted
<b>CK</b>	At least 40 percent but less than 60 percent impaired, limited or restricted
<b>CL</b>	At least 60 percent but less than 80 percent impaired, limited or restricted
<b>CM</b>	At least 80 percent but less than 100 percent impaired, limited or restricted
<b>CN</b>	100 percent impaired, limited or restricted
<b>CO</b>	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
<b>CQ</b>	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
<b>CR</b>	Catastrophe/disaster related
<b>CS</b>	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency



# Terminology

Terminology	Explanation
<b>Abbe Estlander operation</b>	Transfer of a full thickness section of one lip to the other lip ensuring survival of the graft.
<b>Abdominal aorta</b>	Largest artery that supplies the abdominal cavity, part of the aorta and a continuation of the descending aorta from the thorax; it divides further into iliac arteries, which supply blood to the abdominal wall, pelvis, and lower extremities.
<b>Abdominal aortic aneurysm, or AAA</b>	Widening of the abdominal aorta due to weakening in the wall of the aorta.
<b>Abdominal ultrasound</b>	This is a noninvasive technique which uses sound wave to take images of the intra-abdominal structures (i.e. liver, gallbladder, pancreas, bile ducts, spleen, and abdominal aorta).
<b>Ablation</b>	Removal of tissue, a body part, or an organ or destruction of its function.
<b>Abscess</b>	A collection of pus in a walled off sac or pocket, the result of infection.
<b>Acute</b>	A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic.
<b>Acute respiratory distress syndrome, or ARDS</b>	A buildup of fluid, or an inflammation, in the lungs due to trauma or disease.
<b>Adhesions</b>	Fibrous bands, which typically result from inflammation or injury during surgery that form between tissues and organs; they may be thought of as internal scar tissue.
<b>Adrenal glands</b>	A small endocrine gland found on top of the kidney that secretes hormones into the blood.
<b>Adrenal veins</b>	Veins branching off of the left or right adrenal gland.
<b>Advance directive</b>	A document which enables a person to make provision for his health care decisions in case if in the future, he becomes unable to make those decisions; include documents such as a living will and a medical power of attorney.
<b>Advanced life support</b>	Emergency prehospital services that use invasive medical actions, such as administration of intravenous fluids or drugs, intubation, and cardioversion or defibrillation.
<b>Adventitia</b>	The outermost layer or covering of a vessel or organ.
<b>Air cuff</b>	An inflatable band worn around an extremity to regulate the flow of blood.
<b>Algorithm</b>	A specific set of step-by-step calculations using defined inputs at each step to produce a useful output.
<b>Amniotic cavity</b>	Sac filled with amniotic fluid where the fetus develops.
<b>Amplification</b>	Making more copies of desired gene for study by processes such as polymerase chain reaction, called PCR, or transcription of DNA to RNA and reverse transcription from RNA to make an additional copy of the DNA.
<b>Anastomosis</b>	Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side.
<b>Aneurysm</b>	Weakness in the wall of a blood vessel or wall of a ventricle of the heart, typically the left ventricle, causing the wall to balloon out; sometimes requiring surgical excision or repair to prevent rupture.
<b>Angioaccess</b>	A group of procedures in which a vascular provider places a catheter, shunt, or graft in the patient's arm or neck for easy access the blood vessels to perform procedures such as hemodialysis.
<b>Angiogram</b>	A general term for radiographic images of arteries or veins following the administration of a contrast material; more specific terms include aortogram, arteriogram, and venogram.
<b>Angiography</b>	Imaging of internal organs including blood vessels, arteries, veins, and heart chambers.
<b>Angioplasty</b>	A surgical procedure to widen a narrowed or blocked artery.
<b>Angioscope</b>	Fiberoptic catheter for viewing the lumen, or interior, of a blood vessel.
<b>Antegrade</b>	That which occurs in the normal direction or flow.
<b>Anterior</b>	Closer to the front part of the body.
<b>Anterior tibial artery</b>	Smaller anterior artery that passes between the tibia and fibula, descends in the anterior portion of the leg, and continues beyond the ankle joint into the foot as the dorsalis pedis artery.
<b>Antibiotic</b>	Substance that inhibits infection.
<b>Anticoagulant drug</b>	A drug that causes a delay in clotting of blood, thus preventing the chances of myocardial infarction, stroke, blood clot in the brain, or deep vein thrombosis.

Terminology	Explanation
<b>Aorta</b>	The main artery that comes out of the top of the left ventricle and carries oxygenated blood to the body; it consists of an ascending and descending aorta which serve the upper and lower parts of the body respectively.
<b>Aortic arch</b>	As the aorta comes out of the heart, it rises and then curves down forming an arch.
<b>Aortic dissection</b>	Blood coursing within the layers of the aorta's walls.
<b>Aortic valve</b>	The cardiac valve connecting the heart to the aorta.
<b>Aortocarotid</b>	Pertaining to the aorta and the carotid vessels located in the neck.
<b>Aortography</b>	Study of the aorta by taking X-ray images after injecting contrast material.
<b>Aortoiliac artery</b>	The aorta near the umbilicus splits into iliac arteries that run through the pelvis and further divide into arteries supplying blood to the lower limbs.
<b>Aortosubclavian</b>	Pertaining to the aorta and the subclavian vessels in the chest below the clavicle (collarbone).
<b>Apex</b>	The top or highest part of an organ.
<b>Apheresis</b>	A procedure in which the blood of a donor or patient is passed through an apparatus that separates out one particular constituent and returns the remainder to the circulation.
<b>Arch of aorta</b>	The second section of the aorta following the ascending aorta.
<b>Arrhythmia</b>	An abnormal beating of the heart with an irregular or abnormal rhythm.
<b>Arterial access</b>	Situated or occurring within an artery.
<b>Arterial catheter or cannula</b>	A thin plastic tube that a provider inserts into an artery; the radial artery in the wrist is the most common choice for the purpose of arterial catheterization.
<b>Arterial vessels</b>	Vessels that carry oxygen rich blood away from the heart to the rest of the body.
<b>Arteries</b>	Vessels that carry oxygen rich blood from heart to the organs.
<b>Arteriogram</b>	A medical imaging in which the provider injects a dye into the arteries to visualize the inside of these blood vessels using X-ray also known as an angiography.
<b>Arteriography</b>	A technique to visualize the inside of blood vessels.
<b>Arteriosclerosis</b>	An abnormal thickening and hardening of the walls of the arteries.
<b>Arteriotomy</b>	Cutting or opening of an artery wall.
<b>Arteriovenous anastomosis</b>	An abnormal connection between an artery and a vein made either surgically, as a result of trauma or a medical condition, or congenital; also be referred to as an arteriovenous fistula.
<b>Arteriovenous fistula</b>	An abnormal connection between an artery and vein that disturbs the normal pattern of blood flow.
<b>Arteriovenous graft</b>	A provider surgically connects a vein to an artery using a soft plastic tube or an organic material from a person or animal.
<b>Arteriovenous malformation</b>	A mass of interwoven arteries and veins that interferes with blood flow; often congenital, or present at birth.
<b>Ascending aorta</b>	Part of the aorta that rises up from the heart from which the coronary arteries branch off to supply the heart with blood.
<b>Aspirate</b>	Small amount of cells or fluid from a cyst or mass.
<b>Aspiration</b>	Removal of fluid, gas, or other material through a tube attached to a suction device, often combined with irrigation, the instillation of fluid to clean a wound or to wash out a cavity such as the abdomen or stomach.
<b>Atherectomy</b>	Removal of plaque from the lining, or intima, of an artery; also called endarterectomy.
<b>Atheroma</b>	Deposition of fatty material on the innermost layer of the wall of an artery.
<b>Atherosclerosis</b>	Chronic disease characterized by abnormal thickening of the walls of the arteries due to fatty deposits.
<b>Atherosclerotic burden</b>	The sum or extent of atherosclerotic disease.
<b>Atrial fibrillation</b>	A heart rhythm disorder where the atrial appendage, a small pouch in the heart, does not squeeze rhythmically with the left atrium, causing blood inside the pouch to become stagnant and prone to produce blood clots.
<b>Atrium</b>	One of the two upper chambers of the heart; the left atrium delivers oxygenated blood from the pulmonary veins to the left ventricle of the heart, the right receives blood from the major veins and delivers it to the right ventricle.
<b>Autologous tissue graft</b>	Tissue harvested from the patient's own body used to replace diseased, damaged, or missing tissue.
<b>Axillary artery</b>	The main blood vessel that supplies oxygenated blood to the sides of the body and armpits.

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